

Fill in this information to identify the case:

Debtor name Impact Medical, LLC

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) 15-31606

☒ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 16, 2016

X /s/ EJ Duffy

Signature of individual signing on behalf of debtor

EJ Duffy

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Impact Medical, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **15-31606**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	68,369.72
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	68,369.72

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$	796,317.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$	982,128.32
4. Total liabilities Lines 2 + 3a + 3b	\$	1,778,445.32

Fill in this information to identify the case:Debtor name **Impact Medical, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **15-31606**☐ Check if this is an amended filing**Official Form 206A/B**
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Checking**Last 4 digits of Acc# : 2099****Wells Fargo Bank**3.1.. **Overdrawn on conversion date****Checking****2099****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:

470.00

-

0.00

=

\$470.00

face amount

doubtful or uncollectible accounts

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12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$470.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership

Parcus Medical Stock
20 Units of Stock

15.1.. **Stock Certificate dated October 1, 2011** 0.00 % \$40,837.00

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$40,837.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

Date of the last
physical inventory

Net book value of
debtor's interest
(Where available)

Valuation method used
for current value

Current value of
debtor's interest

19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**
Inventory

\$120,000.00

Debtor estimate

Unknown

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

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26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets 510k FDA Clearance for product sales	\$0.00	Debtor estimate	Unknown
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property Customer contracts and lists	\$0.00		Unknown
	DVT SST Machine FDA clearance not yet obtained	\$0.00		Unknown

65. Goodwill

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66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership
Miscellaneous office furniture and computer equipment

\$2,000.00

Shareholder Loan to EJ Duffy
(Disputed)

\$25,062.72

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$27,062.72

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$470.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$40,837.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$27,062.72</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$68,369.72</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$68,369.72</u>

Fill in this information to identify the case:Debtor name **Impact Medical, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **15-31606**☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
-------------	-----------------

2.1

Priority creditor's name and mailing address

**EJ Duffy
1717 SW Highland Rd.
Portland, OR 97221**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 455,900.00	\$ 12,475.00
----------------------	---------------------

Date or dates debt was incurred
2014-2015Basis for the claim:
Wages Owed

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:
11 U.S.C. § 507(a) (4)

2.2

Priority creditor's name and mailing address

**EJ Duffy
1717 SW Highland Rd.
Portland, OR 97221**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 206,250.00	\$ 206,250.00
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Date or dates debt was incurred
April 2015 - February 2016Basis for the claim:
**Wages Owed
Incurred During Chapter 11**

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY
unsecured claim:

11 U.S.C. § 507(a) (4)

2.3

Priority creditor's name and mailing
address

**Sarah Burkitt
718 NW 118th
Suite 102
Portland, OR 97229**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **36,667.00** \$ **12,475.00**

Date or dates debt was incurred
2014-2015

Basis for the claim:
Wages Owed

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY
unsecured claim:

11 U.S.C. § 507(a) (4)

2.4

Priority creditor's name and mailing
address

**Shannon Duffy
1717 SW Highland Rd.
Portland, OR 97221**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **97,500.00** \$ **12,475.00**

Date or dates debt was incurred
2014-2015

Basis for the claim:
Wages Owed

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY
unsecured claim:

11 U.S.C. § 507(a) (4)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1

Nonpriority creditor's name and mailing address

**3D Medical Manufacturing
7145 Colonial Lane
Pennsauken, NJ 08109**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **34,953.80**

Basis for the claim: **Trade Debt**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **1067**☐ Yes

3.2

Nonpriority creditor's name and mailing address

**Aloha Computer Tutor
8130 SW 181st Avenue
Beaverton, OR 97007**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Computer Work**\$ **413.10**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.3

Nonpriority creditor's name and mailing address

**Atlas Surgical
17, Shivaji Marg, Industrial Area
New Delhi, India 110015
INDIA**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Trade Debt**\$ **800.00**Date or dates debt was incurred **2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **4386**☐ Yes

3.4

Nonpriority creditor's name and mailing address

**Avalign Instrumed
626 Cooper Court
Schaumburg, IL 60173**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Trade Debt**\$ **13,941.25**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **0037**☐ Yes

3.5

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **2,159.01**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606

Bottani Gallucci & O'Hanlon
1500 NE Irving Street #440
Portland, OR 97232

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Accounting**
Incurred During Chapter 11

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.6

Nonpriority creditor's name and mailing address

ControlTek
3905 NE 112th Ave
Vancouver, WA 98682

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**

\$ **28,144.80**

Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ No

Last 4 digits of account number **892**

☐ Yes

3.7

Nonpriority creditor's name and mailing address

Custom Wire Technologies
1123 Mineral Springs Drive
Port Washington, WI 53074

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**

\$ **10,509.90**

Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ No

Last 4 digits of account number **ical**

☐ Yes

3.8

Nonpriority creditor's name and mailing address

Ed Kolasinski
5604 Summit
West Linn, OR 97068

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **2014 Phases I and II**

\$ **10,000.00**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606

Date or dates debt was incurred _____

Is the claim subject to offset?

☒ No

Last 4 digits of account number _____

☐ Yes

3.9

Nonpriority creditor's name and mailing address

**EJ Duffy
1717 SW Highland Rd.
Portland, OR 97221**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Loan**\$ **276,375.99**Date or dates debt was incurred **2011-2015**

Is the claim subject to offset?

☐ No

Last 4 digits of account number _____

☒ Yes

3.10

Nonpriority creditor's name and mailing address

**EJ Duffy
1717 SW Highland Rd.
Portland, OR 97221**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Expense Reimbursement
Incurred During Chapter 11**\$ **1,794.27**

Date or dates debt was incurred _____

Is the claim subject to offset?

☒ No

Last 4 digits of account number _____

☐ Yes

3.11

Nonpriority creditor's name and mailing address

**Finishing Innovations
578 Highway 70
Mason, TN 38049**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Trade Debt**\$ **1,343.04**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **ical**☐ Yes

3.12

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **8,910.00**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606**Gibraltar Laboratories**
122 Fairfield Rd.
Fairfield, NJ 07004*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**Date or dates debt was incurred **2014-2015****Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number **2030**

3.13

Nonpriority creditor's name and mailing address**Greg Powell**
1104 NW 15th Avenue
Suite 200
Portland, OR 97209**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Legal Work**\$ **47,000.00**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **na**

3.14

Nonpriority creditor's name and mailing address**Heman Northwest, Inc.**
dba HD Courier
PO Box 281
Redmond, OR 97756**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Services Rendered**\$ **105.00**Date or dates debt was incurred **12/2014 - 5/2015****Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number **ical**

3.15

Nonpriority creditor's name and mailing address**Jeff Perrins**
1101 S. Owyhee Street
Boise, ID 83705**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Services Rendered**\$ **167.21**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.16

Nonpriority creditor's name and mailing address
Jewel Precision
200 Commerce Road
Cedar Grove, NJ 07009

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**\$ **30,787.50**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **ical**

3.17

Nonpriority creditor's name and mailing address
Knight Mechanical Testing
3205 Clairmont Court
Suite B
Fort Wayne, IN 46808

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**\$ **19,690.00**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **ical**

3.18

Nonpriority creditor's name and mailing address
Madalyn Duncan
256 E. Clackamas Circle
Woodburn, OR 97071

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Regulatory Consulting**\$ **12,800.00**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.19

Nonpriority creditor's name and mailing address
Medical Component Specialists
42 William Way
Bellingham, MA 02019

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**\$ **6,095.11**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **PACT**☐ Yes

3.20

Nonpriority creditor's name and mailing address
Medin Corporation
90 Dayton Ave., Bldg 16C
Passaic, NJ 07055

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Trade Debt**\$ **3,068.90**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **4391**☐ Yes

3.21

Nonpriority creditor's name and mailing address
Microcision
5805 Keystone St.
Philadelphia, PA 19135

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Trade Debt**\$ **106,676.44**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **ical**☐ Yes

3.22

Nonpriority creditor's name and mailing address
MiniMachine
63003 Plateau Dr.
Bend, OR 97701

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Notice Only**\$ **20,587.43**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ NoLast 4 digits of account number **ical**☐ Yes

3.23

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **146.60**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606

NW Natural
220 NW 2nd Ave
Portland, OR 97209

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Utilities**

Date or dates debt was incurred **2015**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.24

Nonpriority creditor's name and mailing address
Pacific Office Automation
14747 NW Greenbrier Parkway
Beaverton, OR 97006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Equipment Lease**

\$ **1,656.74**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.25

Nonpriority creditor's name and mailing address
Paqism International
51360 West Gohad Pur
Sialkot, Pakistan 92-3227553712

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**

\$ **2,300.00**

Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **ical**

3.26

Nonpriority creditor's name and mailing address
Portland General Electric
121 SW Salmon Street
Portland, OR 97204

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Utilities**

\$ **67.20**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606Date or dates debt was incurred **2015**

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.27

Nonpriority creditor's name and mailing address

**Principal Capital Investment
Tigard 1 Building B
PO Box 310300
Des Moines, IA 50331**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Notice Only**\$ **0.00**Date or dates debt was incurred **2015**

Is the claim subject to offset?

☒ No

Last 4 digits of account number

0410☐ Yes

3.28

Nonpriority creditor's name and mailing address

**Public Storage
c/o CT Corporation System, R.A.
388 State St.
Salem, OR 97301**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Professional Services
Incurred During Chapter 11**\$ **273.60**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.29

Nonpriority creditor's name and mailing address

**RF Stefani & Company
Attn: Ron Stefani
121 SW Morrison Street
Suite 1525
Portland, OR 97204**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Accounting Fees**\$ **15,000.00**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

☒ No

Last 4 digits of account number

ical☐ Yes

3.30

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **307,526.19**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606

Richard H. Edelson, MD
7300 SW Childs Rd., Suite B
Tigard, OR 97224

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **Promissory Note**

Date or dates debt was incurred **2011**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **na**

3.31

Nonpriority creditor's name and mailing address

Sarah Burkitt
718 NW 118th
Suite 102
Portland, OR 97229

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Expense Reimbursement**
Incurred During Chapter 11

\$ **27.20**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.32

Nonpriority creditor's name and mailing address

Security Professionals
4001 Main St. #123
Vancouver, WA 98663

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Alarm**
Incurred During Chapter 11

\$ **161.85**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.33

Nonpriority creditor's name and mailing address

The Hartford
PO Box 660916
Dallas, TX 75266-0916

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Insurance**

\$ **386.80**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

6114☐ Yes

3.34

Nonpriority creditor's name and mailing address

**Tigard Sub, LLC
c/o Joel Parker
Schwabe, Williamson & Wyatt
1211 SW Fifth Ave., Suite 1900
Portland, OR 97204**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☒ Disputed\$ **15,126.75**Basis for the claim: **Rejected Lease**

Date or dates debt was incurred

2015

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.35

Nonpriority creditor's name and mailing address

**Tim Shuell
6308 SE 29th Way
Gresham, OR 97080**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed\$ **1,336.93**Basis for the claim: **Engineering Consulting**

Date or dates debt was incurred

2014-2015

Is the claim subject to offset?

☒ No

Last 4 digits of account number

ical☐ Yes

3.36

Nonpriority creditor's name and mailing address

**UPS
PO Box 894820
Los Angeles, CA 90189-4820**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed\$ **827.38**Basis for the claim: **Precautionary**

Date or dates debt was incurred

2015

Is the claim subject to offset?

☒ No

Last 4 digits of account number

8W9A☐ Yes

3.37

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **880.00**

Debtor 1 **EJ Duffy**

First Name

Middle Name

Last Name

Case number (if know)

15-31606

Vorzeigen Medical
5650 Industrial Road South
Connersville, IN 47331

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Debt**Date or dates debt was incurred **2014-2015**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **ical**

3.38

Nonpriority creditor's name and mailing address
Wells Fargo
420 Montgomery Street
San Francisco, CA 94104

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Overdrawn account
Incurred During Chapter 11**\$ **88.33**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2099****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.1

Alysia J. Harris
Perkins Coie LLP
1120 NW Couch Street
10th Floor
Portland, OR 97209-4128

Line **3.30**☐ Not listed. Explain

4.2

Principal Capital Investment
PO Box 310300
Property 060410
Des Moines, IA 50331

Line **3.34**☐ Not listed. Explain**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **796,317.00**5b. + \$ **982,128.32**5c. \$ **1,778,445.32**

Fill in this information to identify the case:Debtor name Impact Medical, LLCUnited States Bankruptcy Court for the: DISTRICT OF OREGONCase number (if known) 15-31606
☐ Check if this is an amended filing
Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**
☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year
For the fiscal year:

From / / to / /

Sources of revenue
Check all that apply

☐ Operating a business

☒ Other **2016 YTD: Gross Business Income**
Gross revenue
(before deductions and exclusions)
\$1,640.00**For the fiscal year:**

From / / to / /

☐ Operating a business

☒ Other **2015: Gross Business Income**
\$45,802.13**For the fiscal year:**

From / / to / /

☐ Operating a business

☒ Other **2014: Gross Business Income**
\$36,062.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.
Description of sources of revenue
Gross revenue from each source
(before deductions and exclusions)
Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.
Creditor's Name and Address**Dates****Total amount of value**
Reasons for payment or transfer
Check all that apply
4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Richard Edelson v. Impact Medical LLC, et al. Case No. 15CV02997	Civil Suit	Multnomah County Circuit Court Portland	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Motschenbacher & Blattner, LLP 117 SW Taylor St., Suite 200 Portland, OR 97204	\$5,000 paid for prepetition services and for filing fee.	3/24/2015, 4/1/2015	\$5,000.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Wells Fargo Bank	XXXX-1474	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	Closed 4/1/15 Ending Balance: \$799.48	\$799.48

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26a.1.	Sarah Burkitt 718 NW 118th #102 Portland, OR 97229	4/2014 - Current
26a.2.	Shannon Duffy 1717 SW Highland Rd Portland, OR 97221	2/2011 - Current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Sarah Burkitt 718 NW 118th #102 Portland, OR 97229	4/2014 - Current
26b.2.	Ron Stefani Stefani Chaidez 121 SW Morrison Portland, OR 97204	2013-2014

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Sarah Burkitt 718 NW 118th #102 Portland, OR 97229	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	Wells Fargo email: ryan.person@wellsfargo.com
26d.2.	Ed Kolasinski Email: ed.kolasinski@puralytics.com
26d.3.	Greg Powell 1104 NW 15th Avenue Suite 200 Portland, OR 97209
26d.4.	Nicholas J. Henderson 117 SW Taylor Street Suite 200 Portland, OR 97204

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Sarah Burkitt	6/12/14	
	Name and address of the person who has possession of inventory records		
	Sarah Burkitt 718 NW 118th Suite 102 Portland, OR 97229		
27.2	Sarah Burkitt	12/10/14 - 12/30/14	
	Name and address of the person who has possession of inventory records		
	Sarah Burkitt 718 NW 118th Suite 102 Portland, OR 97229		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
EJ Duffy	1717 SW Highland Rd.		65%
Name	Address	Position and nature of any interest	% of interest, if any
Richard H. Edelson, MD	7300 SW Childs Rd., Suite B		35%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor **Impact Medical, LLC**

Case number (if known) **15-31606**

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 16, 2016**

/s/ EJ Duffy
Signature of individual signing on behalf of the debtor

EJ Duffy
Printed name

Position or relationship to debtor **Manager**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes